

Norman Goldstein MD

This issue of the Journal contains two manuscripts of special interest.

Richard Wasnich, MD, Director of the Hawaii Osteoporosis Center, has long been involved with studies dealing with this major problem in our aging population. He presents the results of one of his projects, a standardized approach to bone density and the interpretation of fracture risk. For further information, contact the Center (800) 592-2626 or the National Osteoporosis Foundation, 1150 17th St NW, Suite 500, Washington DC 20036.

Carolyn Cook Gotay, PhD and her associates at the Cancer Research Center of the University of Hawaii assess the attitudes, behavior and barriers to mammography in the Queen Emma Clinics at the Queen's Medical Center. With only one in six women being compliant with guidelines, it is obvious that much has to be done to educate women about breast cancer and mammography.

Both manuscripts are "eye openers" and must be read.

This month we also start a series of articles written by A.A. "Bud" Smyser, which originally appeared in the Honolulu Star-Bulletin. The popular "Hawaii World" series written by Smyser, former Editor-in-Chief and now contributing editor of the Star-Bulletin served as the impetus for our November special issue on Death with Dignity.

HMA President's Message

Carl W. Lehman MD

RE: AMA/Federation of Medicine Re-organization

At the recent AMA Annual Meeting held in Chicago, a re-organization of the Federation of Medicine was accomplished. The change of organization was done to enable organized medicine to be more relevant to each individual physician and to assist specialty and local medical societies by providing more services effectively and cost efficiently. As I listened to over 10 hours of deliberation, discussing the re-organization of the Federation, I had difficulty conceptualizing the organization and function of the Federation. Each physician will be sent a registration form to allow him to declare the organization through which he wishes to be represented at the AMA level. This may be through various specialty organizations, but in addition, he will have representation through his State Medical Society. This re-organization will alter the organization of the assembly of the House of Delegates, however, I doubt very much that it is going to significantly alter the discussion of issues. I believe that the process of reconsidering the organization of the Federation of Medicine has influenced many in the thought process of how to better serve and protect the physicians rights to serve their patients adhering to our high standards of professionalism.

The HMA has initiated discussions with AMA personnel to consider carrying on functions in a more cost effective manner than

the HMA can perform independently. In my opinion, the AMA, is one of the most democratic organizations in the country. Physicians are well represented at the AMA, however, it is obvious that only a small percentage of the physicians in the country are able to attend a given meeting. The strength and function of the national organizations is certainly different from the state and local levels, but we address similar problems at different levels. Many organizations in the past were determined by the need for smaller units in order to be functional for individual members. Now with changes in modern communication, e.g. the use of the computer Internet and facsimiles, local functions may be done at the national level in a more cost effective manner by sharing the use of a large, complicated system rather than involving multiple small societies throughout the country. For example, this year I have received a number of Congressional Legislative bills by fax from the AMA with important bullet notes to respond to our local Legislators, even providing the phone numbers and addresses. This information allows me to respond in a timely manner to national legislative issues that affect our profession. In the past, communicating by mail would have been so cumbersome and slow that by the time information would have been received at a local level, the issues are likely to have been acted upon.

The AMA addresses scientific and educational materials, however, specialty societies are also involved with scientific publications. I believe the future of organized medicine must make efforts to utilize the most effective system in communicating information to physicians. The problem being that physicians do not have time to read and digest all the information from every source. It is also the responsibility of our profession to address public health issues, mainly health problems which are prevalent in our society, but are not generally addressed on an individual basis. For example, drug, alcohol and tobacco use, and domestic violence which I will address in more detail in the September issue and organizing to protect the profession against degradation by interference from inappropriate business management and government regulations. Although the problems may become more vast, our ability to share ideas and communicate ideas at great distances are becoming very close.

If organized medicine is to maintain its power and effectiveness, we must consider belonging to organized medicine as an entity, not as various sections. It is unrealistic to believe that we can support the AMA without supporting the state or county organizations. Likewise, it becomes vague as to how one can be represented at the AMA level if he is only a member of the county and state organizations, but not an AMA member. I predict that we will go back to the idea of unity membership, not that one has to belong to 3 organizations or none at all, but rather that the Federation of Medicine will be considered one organization with subdivisions or units to continue to function in a relevant manner. We wish to provide services and relevant activities for all members whether they be starting in the profession at the medical school level, the residency level or in active practice. Furthermore, we wish to address the needs of physicians to properly practice professionally irregardless of the business organization in which they practice. We must protect the freedom of individuality of practice as well as the freedom for patients to choose their preference of medical care. Unfortunately there are mega-organizations in our country today who are willing to take over the control of the practice of medicine. They have the monetary power to do so, but they do not have the professional training to make appropriate decisions about the care of the patient. We must protect that right through our power of unity in organized medicine.